PIONEER NURSING HOME 530 RIVER AVE SOUTH

PRAIRIE FARM 54762 Phone: (715) 455-1178	3	Ownership:	City
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	42	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	42	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	38	Average Daily Census:	38

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	용
Home Health Care	No	Primary Diagnosis	૾	Age Groups	%		39.5
Supp. Home Care-Personal Care	No					1 - 4 Years	36.8
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	7.9		15.8
Day Services	No	Mental Illness (Org./Psy)	44.7	65 - 74	2.6		
Respite Care	Yes	Mental Illness (Other)	5.3	75 - 84	39.5	I	92.1
Adult Day Care	No	Alcohol & Other Drug Abuse	5.3	85 - 94	42.1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.9	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	15.8	65 & Over	92.1		
Transportation	No	Cerebrovascular	10.5			RNs	11.2
Referral Service	No	Diabetes	2.6	Gender	용	LPNs	3.9
Other Services	No	Respiratory	5.3			Nursing Assistants,	
Provide Day Programming for	1	Other Medical Conditions	7.9	Male	34.2	Aides, & Orderlies	40.4
Mentally Ill	No			Female	65.8	I	
Provide Day Programming for	1		100.0			I	
Developmentally Disabled	No			l	100.0	I	

## Method of Reimbursement

		edicare itle 18			Medicaid Sitle 19			Other			Private Pay	;		amily Care			anaged Care	l		
Level of Care	No.	ે ે	Per Diem (\$)	No.	ફ	Per Diem (\$)	No.	ુ	Per Diem (\$)	No.	્રે	Per Diem (\$)	No.	ક	Per Diem (\$)	No.	용	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	250	21	72.4	104	0	0.0	0	6	100.0	117	0	0.0	0	0	0.0	0	30	78.9
Intermediate				7	24.1	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	18.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	3.4	152	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.6
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		29	100.0		0	0.0		6	100.0		0	0.0		0	0.0		38	100.0

County: Barron Facility ID: 7260 Page 2 PIONEER NURSING HOME

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period			Total				
Percent Admissions from:		Activities of	용		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	12.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.0	Bathing	0.0		65.8	34.2	38
Other Nursing Homes	2.0	Dressing	10.5		60.5	28.9	38
Acute Care Hospitals	83.7	Transferring	31.6		50.0	18.4	38
Psych. HospMR/DD Facilities	0.0	Toilet Use	26.3		50.0	23.7	38
Rehabilitation Hospitals	0.0	Eating	65.8		28.9	5.3	38
Other Locations	0.0	******	******	*****	*****	*****	*****
Total Number of Admissions	49	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	2.6	Receiving Resp	iratory Care	7.9
Private Home/No Home Health	24.4	Occ/Freg. Incontiner	nt of Bladder	63.2	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	2.2	Occ/Freq. Incontiner	nt of Bowel	31.6	Receiving Suct	ioning	0.0
Other Nursing Homes	4.4	_			Receiving Osto	my Care	2.6
Acute Care Hospitals	46.7	Mobility			Receiving Tube	-	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.6		anically Altered Diets	26.3
Rehabilitation Hospitals	0.0	. <u> </u>			3	-	
<u> =</u>	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	22.2	With Pressure Sores		2.6	Have Advance D	irectives	42.1
Total Number of Discharges		With Rashes		7.9	Medications		
(Including Deaths)	45					hoactive Drugs	55.3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	Gove	ernment	Und	er 50	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci.	lities		
	%	용	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	90.5	88.1	1.03	80.3	1.13	88.1	1.03	87.4	1.03		
Current Residents from In-County	57.9	55.3	1.05	75.6	0.77	69.7	0.83	76.7	0.75		
Admissions from In-County, Still Residing	18.4	26.8	0.69	26.7	0.69	21.4	0.86	19.6	0.93		
Admissions/Average Daily Census	128.9	57.4	2.25	109.6	1.18	109.6	1.18	141.3	0.91		
Discharges/Average Daily Census	118.4	59.7	1.98	108.9	1.09	111.3	1.06	142.5	0.83		
Discharges To Private Residence/Average Daily Census	31.6	17.8	1.78	28.0	1.13	42.9	0.74	61.6	0.51		
Residents Receiving Skilled Care	78.9	85.9	0.92	77.5	1.02	92.4	0.85	88.1	0.90		
Residents Aged 65 and Older	92.1	88.5	1.04	92.5	1.00	93.1	0.99	87.8	1.05		
Title 19 (Medicaid) Funded Residents	76.3	76.4	1.00	52.5	1.45	68.8	1.11	65.9	1.16		
Private Pay Funded Residents	15.8	18.1	0.87	41.3	0.38	20.5	0.77	21.0	0.75		
Developmentally Disabled Residents	2.6	0.5	4.89	0.6	4.21	0.5	5.25	6.5	0.41		
Mentally Ill Residents	50.0	47.1	1.06	40.0	1.25	38.2	1.31	33.6	1.49		
General Medical Service Residents	7.9	21.1	0.37	14.4	0.55	21.9	0.36	20.6	0.38		
Impaired ADL (Mean)	48.9	44.7	1.09	47.9	1.02	48.0	1.02	49.4	0.99		
Psychological Problems	55.3	62.8	0.88	56.9	0.97	54.9	1.01	57.4	0.96		
Nursing Care Required (Mean)	5.9	7.8	0.76	6.0	0.98	7.3	0.81	7.3	0.81		